

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.  
10743635  
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		1				
5		1				
6		3				
7		3				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		6				
15		6				
16	1					
17		1				
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49						
50						
TOTAL IND.	4	1				
TOTAL DEP.	27					
TOTAL CLAIMS	31					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						